



## Welcome to Anderson Family Chiropractic's Health and Wellness Program

*We are honored that you have chosen us  
to help you in the overall improvement of your health!*

Dr. Jay Anderson is a state licensed chiropractic physician. Dr. Arianna Anderson is a Naturopathic Doctor who directs our Health and Wellness team of Natural Health Practitioners, including Tory Kohler, CHC, and Abby Steigerwalt, MS, CES, CHC. They work together to provide strategic natural health plans based on our patients' individual needs. The purpose of your appointment is to **determine your primary nutritional needs** and your **personal goals to enhance your overall health and vitality**.

Your scheduled clinical nutritional assessment will include Zyto testing, system survey analysis, Nutritional Response Testing, and consultation. Additional testing such as lab work may be recommended to help determine any underlying dysfunction you may be experiencing.

It is recommended that before coming to your appointment you should:

- Drink 8oz of water at least 2 hours prior
- Do not exercise for 6 hours prior
- Avoid wearing Black Synthetic Clothing
- Turn off your cell phone

**Note:** We have a team member in our office that has severe anaphylactic asthmatic reactions to certain synthetic chemicals in perfumes and colognes, as well as cinnamon essential oil and cannabis. We kindly ask that these substances are not used or worn on or before your appointments at our office.

It is **VERY IMPORTANT** that you are punctual for your appointments, and that any and all **paperwork is completed** before your scheduled appointment time. Typically, your first appointment will be 1.5-2 hours in length. Interim office visits are an average of 10-15 minutes.

In the event additional time is needed, you will be scheduled for another visit. If you need to cancel an office visit appointment, please do so at least 24-hours in advance. If you need to cancel an exam, re-evaluation, or report, please do so at least 72-hours in advance. If you have any questions or concerns, please do not hesitate to call, and you will have an answer within a timely manner.

Again, **welcome and thank you** for having confidence in us! We will do our very best to see that your health care goals are met.

*-The Doctors and Team of Anderson Family Chiropractic and Naturopathic Care*

**Anderson Family Chiropractic Health and Wellness Department**

AFCWellness.com • 419-878-8312 • 751 Michigan Avenue, Waterville, Ohio 43566



### PRIVACY NOTICE & PRACTICE REQUIREMENTS

The Practice:

- (a) Is required by federal law to maintain the privacy of your Personal Health Information and to provide you with this Privacy Notice detailing the Practice's legal duties and privacy practices with respect to your Personal Health Information.
- (b) Anderson Family Chiropractic, LLC. Adheres to Ohio law in those instances where Ohio law does not conflict with federal law.
- (c) Is required to abide by the terms of this Privacy Notice.
- (d) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your Personal Health Information that it maintains.
- (e) Will distribute any revised Privacy Notice to you prior to implementation

### EFFECTIVE DATE

This Notice is in effect as of 01/01/15. If you would like to review our HIPPA agreement, please advise our staff and we will supply you with detailed information.

### PATIENT ACKNOWLEDGEMENT

By signing my name below, I acknowledge that I have read this Notice, and that I understand and agree to its terms.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Witness Signature By: \_\_\_\_\_ © Date: \_\_\_\_\_

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**INFORMED CONSENT**  
*Zyto Hand Scanner*

**Background:** There is evidence to support a relationship between both conscious and subconscious stress and the electrical resistance of the skin. Therefore, procedures that monitor electrical resistance of the skin and changes in skin resistance provide useful indications of stress. Zyto systems are designed to help identify particular patterns associated with various types of stress reactions and agents which reduce those reactions.

**Procedures:** The procedure is totally non-invasive (the skin is not pierced). A hand cradle with metal probes is touched to the skin to measure electrical conductivity at responsive points. Nutritional supplements and other natural remedies are used to bring abnormal electrical patterns into equilibrium. This exam does not make any claim to diagnose or treat diseases of the body.

**Risks:** The procedure is very safe because it measures only changes in the electrical properties of the skin. There is commonly no discomfort felt where the hand cradle touches a location on the skin. There are generally no risks associated with the substances recommended to bring your body to equilibrium as long as those substances are taken as recommended, but please report any discomfort you may experience to your examiner or health practitioner. Please report any significant health problems (i.e. Diabetes, High Blood Pressure, etc.) to your practitioner.

**Questions:** Your examiner will answer any questions about the Zyto that you may have. Please do not hesitate to ask any questions regarding the Zyto scanner.

**Free to Decline:** You are free to decline the Zyto service, or to withdraw consent and to discontinue participation at any time without prejudice to you.

**Important:** There is no recognized body of scientific evidence to show that an electrically balanced body is more likely to be healthier and you have chosen to participate in this assessment with that understanding. Your health practitioner may need to use other forms of testing in the course of your treatment.

I have read and understand the above information about the Zyto and my rights and responsibilities and hereby consent to the use of the Zyto. I consent to the use of clinical reports (name protected) and results of my case for study, the purpose of advancing clinical knowledge, research and scientific purposes provided that my identity is kept confidential.

My signature below signifies that I have read this document and understand its purpose, and release the technician, Arianna N. Anderson, and any company she may represent from liability.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Please Print)*

Signature: \_\_\_\_\_

Signature of parent or guardian if patient is a minor: \_\_\_\_\_

Witness Signature By: \_\_\_\_\_ © Date: \_\_\_\_\_



### EXPLANATION OF FINANCIAL POLICY

Natural Healthcare that includes whole food supplementation, exercise, and other remedies that we request are not generally covered by third party payers (insurance companies). In certain cases, there may be the opportunity for reimbursement according to special circumstances. Our financial policy is that fees are paid at the time of service. When products are provided they can be paid for by cash, check, or credit card. However, if applicable, we will provide you with the proper documentation for your reimbursement needs.

Our primary supplement brand is Standard Process. They are devoted to improving quality of life by providing the safest, most effective, and highest quality dietary supplements only through health care professionals. While seeking the nutritional guidance from our Health and Wellness Department, it is suggested that the recommended supplements are purchased from our facility to ensure efficacy of the product.

In addition, this office makes every effort to provide the highest quality of care and state of the art methods of assessing patient needs for nutritional support and lifestyle instruction. We make no claims to treat, cure, or diagnose disease, but rely solely on the body's ability to heal through natural methods.

Our staff will provide you will a receipt with every transaction. We will only accept returns that are unopened, unexpired, and accompanied by a receipt. Any credits will be applied to your account for future purchases.

\*I have read and understand the policy of Anderson Family Chiropractic Health and Wellness Department and agree to its method of support and financial policy.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature By: \_\_\_\_\_ © Date: \_\_\_\_\_

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## Nutrition Patient Intake Form

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Can we leave a message at this number? Y / N

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status (circle): Single Married Partnered Separated Divorced Widow(er)

Children: Y N Number of Children: \_\_\_\_ Age(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ \*

\*May we thank the person who referred you and mention your name? Yes / No

List all surgeries, hospitalizations, or major accidents including date occurred:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Blood Type: \_\_\_\_\_

Have you ever had any infectious diseases from which you never fully recovered? Y N

Have you ever taken antibiotics for a prolonged period of time? \_\_\_\_\_

Prescription Medications	Dose	Since	Adverse Effects?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Supplement/OTC Med	Brand	Dose/Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you use any of the following?

Cigarettes or tobacco: Y N How much? \_\_\_\_\_ For how long? \_\_\_\_\_  
Marijuana or other drugs: Y N Frequency: \_\_\_\_\_  
Alcohol: Y N Drinks per day/week? \_\_\_\_\_  
History of alcohol addiction: Y N  
History of eating disorder: Y N

Are you allergic to any medications? If so which one(s) and what is your reaction?

\_\_\_\_\_

Present weight: \_\_\_\_\_ Height: \_\_\_\_\_ Weight 1 year ago: \_\_\_\_\_  
Maximum weight & when: \_\_\_\_\_ Minimum weight as an adult & when: \_\_\_\_\_  
Ideal weight: \_\_\_\_\_  
How often do you exercise? \_\_\_\_\_ For how long? \_\_\_\_\_  
What type of exercise? \_\_\_\_\_

How many hours do you sleep per night? \_\_\_\_\_ What time do you go to sleep? \_\_\_\_\_  
Quality of sleep? \_\_\_\_\_  
Nightmares: Y N Wake refreshed: Y N Must Nap During the Day: Y N  
Sleep walk: Y N Grind teeth: Y N Snore: Y N

#### Toxin Exposure

Did you grow up near any refinery, polluted area or in a home with lead paint? If so, what sort of pollution were you exposed to? \_\_\_\_\_  
Have you had any jobs where you were exposed to solvents, heavy metals, fumes, or other toxic materials? \_\_\_\_\_

Have you ever had health problems when you put in new carpeting, painted your home, had new cabinets or did other refurbishing? \_\_\_\_\_

Are you particularly sensitive to perfumes, gasoline, or other vapors? \_\_\_\_\_  
Do you use pesticides, herbicides or other chemicals around your home? \_\_\_\_\_

#### Social History

Enjoy work: Y N Hours worked per week: \_\_\_\_\_ Active spiritual practices: Y N  
Quality of significant relationship: \_\_\_\_\_  
Stress Level: \_\_\_\_\_  
What activities do you enjoy doing: \_\_\_\_\_

How committed are you towards making changes in your health:

Little		Moderate					Very			
0	1	2	3	4	5	6	7	8	9	10

## Food Intake Information and More

What do you eat on a typical day?

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

Beverages: \_\_\_\_\_

What estimated percentage of your meals are home cooked? \_\_\_\_\_

Where do the rest come from? (ie: restaurants, fast food, processed meals, etc)

\_\_\_\_\_

Are you currently seeing any other health care professionals?

Primary Care Physician: \_\_\_\_\_

Chiropractor: \_\_\_\_\_

Massage therapist: \_\_\_\_\_

Acupuncturist: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like to share that has not been covered on this intake form or on the Systems Survey?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Mental / Emotional Systems Survey

Instructions: Circle the number that applies to you

0 – Occurs Never    1 = Occurs Rarely    2=Occurs Sometimes    3=Occurs Constantly

**Practitioner  
Use Only**

0 – 1 – 2 – 3 | I hide my feelings behind a facade of cheerfulness  
0 – 1 – 2 – 3 | I dislike arguments and often give in to avoid conflict  
0 – 1 – 2 – 3 | I turn to food, work, alcohol, drugs, etc. when down

| 1. Agrimony  
| \_\_\_\_\_

0 – 1 – 2 – 3 | I feel anxious without knowing why  
0 – 1 – 2 – 3 | I have a secret fear that something bad will happen  
0 – 1 – 2 – 3 | I wake up feeling anxious

| 2. Aspen  
| \_\_\_\_\_

0 – 1 – 2 – 3 | I get annoyed by the habits of others  
0 – 1 – 2 – 3 | I focus on others' mistakes  
0 – 1 – 2 – 3 | I am critical and intolerant

| 3. Beech  
| \_\_\_\_\_

0 – 1 – 2 – 3 | I often neglect my own needs to please  
0 – 1 – 2 – 3 | I find it difficult to say "no"  
0 – 1 – 2 – 3 | I tend to be easily influenced

| 4. Centaury  
| \_\_\_\_\_

0 – 1 – 2 – 3 | I constantly second-guess myself  
0 – 1 – 2 – 3 | I seek advice, mistrusting my own intuition  
0 – 1 – 2 – 3 | I often change my mind out of confusion

| 5. Cerato  
| \_\_\_\_\_

0 – 1 – 2 – 3 | I'm afraid I might lose control of myself  
0 – 1 – 2 – 3 | I have sudden fits of rage  
0 – 1 – 2 – 3 | I feel like I'm going crazy

| 6. Cherry Plum  
| \_\_\_\_\_

0 – 1 – 2 – 3 | I make the same mistakes over and over  
0 – 1 – 2 – 3 | I don't learn from my experience  
0 – 1 – 2 – 3 | I keep repeating the same patterns

| 7. Chestnut Bud  
| \_\_\_\_\_

0 – 1 – 2 – 3 | I need to be needed and want my loved ones close  
0 – 1 – 2 – 3 | I feel unloved and unappreciated by my family  
0 – 1 – 2 – 3 | I easily feel slighted and hurt

| 8. Chicory  
| \_\_\_\_\_

0 – 1 – 2 – 3 | I often feel spacey and absent minded  
0 – 1 – 2 – 3 | I find myself unable to concentrate for long  
0 – 1 – 2 – 3 | I get drowsy and sleep more than necessary

| 9. Clematis  
| \_\_\_\_\_

0 – 1 – 2 – 3 | I am overly concerned with cleanliness  
0 – 1 – 2 – 3 | I feel unclean or physically unattractive  
0 – 1 – 2 – 3 | I tend to obsess over little things

| 10. Crab Apple  
| \_\_\_\_\_



0-1-2-3	I feel overwhelmed by my responsibilities	11. Elm
0-1-2-3	I don't cope well under pressure	
0-1-2-3	I have temporarily lost my self-confidence	_____
0-1-2-3	I become discouraged with small setbacks	12. Gentian
0-1-2-3	I am easily disheartened when faced with difficulties	
0-1-2-3	I am often skeptical and pessimistic	_____
0-1-2-3	I feel hopeless, and can't see a way out	13. Gorse
0-1-2-3	I lack faith that things could get better in my life	
0-1-2-3	I feel sullen and depressed	_____
0-1-2-3	I am obsessed with my own troubles	14. Heather
0-1-2-3	I dislike being alone and I like to talk	
0-1-2-3	I usually bring conversations back to myself	_____
0-1-2-3	I am suspicious of others	15. Holly
0-1-2-3	I feel discontented and unhappy	
0-1-2-3	I am full of jealousy, mistrust, or hate	_____
0-1-2-3	I'm often homesick for the "way it was"	16. Honeysuckle
0-1-2-3	I think more about the past than the present	
0-1-2-3	I often think about what might have been	_____
0-1-2-3	I often feel too tired to face the day ahead	17. Hornbeam
0-1-2-3	I feel mentally exhausted	
0-1-2-3	I tend to put things off	_____
0-1-2-3	I find it hard to wait for things	18. Impatiens
0-1-2-3	I am impatient and irritable	
0-1-2-3	I prefer to work alone	_____
0-1-2-3	I lack self-confidence	19. Larch
0-1-2-3	I feel inferior and often become discouraged	
0-1-2-3	I never expect anything but failure	_____
0-1-2-3	I am afraid of things such as spiders, illness, etc.	20. Mimulus
0-1-2-3	I am shy, overly sensitive, and modest	
0-1-2-3	I get nervous and embarrassed	_____
0-1-2-3	I get depressed without any reason	21. Mustard
0-1-2-3	I feel my moods swinging back and forth	
0-1-2-3	I get gloomy feelings that come and go	_____
0-1-2-3	I tend to overwork and keep on in spite of exhaustion	22. Oak
0-1-2-3	I have a strong sense of duty and never give up	
0-1-2-3	I neglect my own needs in order to complete a task	_____
0-1-2-3	I feel completely exhausted, physically and/or mentally	23. Olive
0-1-2-3	I am totally drained of all energy with no reserves left	
0-1-2-3	I have just been through a long period of illness or stress	_____

0 – 1 – 2 – 3	I feel unworthy and inferior	24. Pine
0 – 1 – 2 – 3	I often feel guilty	_____
0 – 1 – 2 – 3	I blame myself for everything that goes wrong	_____
0 – 1 – 2 – 3	I am overly concerned and worried about my loved ones	25. Red Chestnut
0 – 1 – 2 – 3	I am distressed and disturbed by other people's problems	_____
0 – 1 – 2 – 3	I worry that harm may come to those I love	_____
0 – 1 – 2 – 3	I sometimes feel terror and panic	26. Rock Rose
0 – 1 – 2 – 3	I become helpless and frozen when afraid	_____
0 – 1 – 2 – 3	I suffer from nightmares	_____
0 – 1 – 2 – 3	I set high standards for myself	27. Rock Water
0 – 1 – 2 – 3	I am strict with my health, work &/or spiritual discipline	_____
0 – 1 – 2 – 3	I am very self-disciplined, always striving for perfection	_____
0 – 1 – 2 – 3	I find it difficult to make decisions	28. Scleranthus
0 – 1 – 2 – 3	I often change my opinions	_____
0 – 1 – 2 – 3	I have intense mood swings	_____
0 – 1 – 2 – 3	I feel devastated due to a recent shock	29. Star of Beth.
0 – 1 – 2 – 3	I am withdrawn due to traumatic events in my life	_____
0 – 1 – 2 – 3	I have never recovered from loss or fright	_____
0 – 1 – 2 – 3	I feel extreme mental or emotional heartache	30. Sweet Chest.
0 – 1 – 2 – 3	I have reached the limits of my endurance	_____
0 – 1 – 2 – 3	I am in complete despair, all hope gone	_____
0 – 1 – 2 – 3	I get high-strung and very intense	31. Vervain
0 – 1 – 2 – 3	I try to convince others of my way of thinking	_____
0 – 1 – 2 – 3	I am sensitive to injustice, almost fanatical	_____
0 – 1 – 2 – 3	I tend to take charge of projects, situations, etc.	32. Vine
0 – 1 – 2 – 3	I consider myself a natural leader	_____
0 – 1 – 2 – 3	I am strong-willed, ambitious and often bossy	_____
0 – 1 – 2 – 3	I am experiencing change in my life—a move, new job, etc.	33. Walnut
0 – 1 – 2 – 3	I get drained by people or situations	_____
0 – 1 – 2 – 3	I want to be free to follow my own ambitions	_____
0 – 1 – 2 – 3	I give the impression that I'm aloof	34. Water Violet
0 – 1 – 2 – 3	I prefer to be alone when overwhelmed	_____
0 – 1 – 2 – 3	I often don't connect with people	_____
0 – 1 – 2 – 3	I am constantly thinking unwanted thoughts	35. White Chest.
0 – 1 – 2 – 3	I relive unhappy events or arguments over and over again	_____
0 – 1 – 2 – 3	I am unable to sleep at times because I can't stop thinking	_____

- 0 – 1 – 2 – 3 I can't find my path in life
- 0 – 1 – 2 – 3 I am drifting in life and lack direction
- 0 – 1 – 2 – 3 I am ambitious but don't know what to do

| 36. Wild Oat

| \_\_\_\_\_

- 0 – 1 – 2 – 3 I am apathetic and resigned to whatever happens
- 0 – 1 – 2 – 3 I have the attitude, "It doesn't matter anyhow"
- 0 – 1 – 2 – 3 I feel no joy in life

| 37. Wild Rose

| \_\_\_\_\_

- 0 – 1 – 2 – 3 I feel resentful and bitter
- 0 – 1 – 2 – 3 I have difficulty forgiving and forgetting
- 0 – 1 – 2 – 3 I think life is unfair and have a "Poor me attitude"

| 38. Willow

| \_\_\_\_\_